

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/890484

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		/			
2		1	/			
3	1		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10		1				
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TOTAL IND.	3					
TOTAL DER.	15					
TOTAL CLAIMS	18					

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IND.	DER.	IND.	DER.
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100			
TOTAL IND.			
TOTAL DER.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY